

State of Hawaii – Insurance Division
**NOTICE OF APPOINTMENT OF A PRODUCER BY AN INSURER
AUTHORITY TO APPOINT PRODUCER BY PRODUCER
AUTHORITY TO ACCEPT SERVICE OF PROCESS**

APPOINTER (Insurer) Full and exact name as shown on Certificate of Authority:		
State of Domicile:	Certificate of Authority Number ¹ :	Vendor ID Number ¹ :
APPOINTEE (Producer) Full and exact name as shown on License:		
Trade Name (dba) if applicable:		
	License Number ¹ :	Vendor ID Number ¹ :

TO THE INSURANCE COMMISSIONER OF THE STATE OF HAWAII:

That pursuant to the laws of the State of Hawaii, the above-named insurer, organized under the laws of their state of domicile and authorized to do business therein, and carrying on the business of insurance in said State as authorized by law (hereinafter called the “Insurer”), does hereby appoint, pursuant to Hawaii Revised Statutes §431:9A-114, the above-named producer.

Select class(es) of insurance:		
<input type="checkbox"/> Life (includes Variable Annuities if producer is licensed for Variable Annuities)	<input type="checkbox"/> Casualty <input type="checkbox"/> Marine <input type="checkbox"/> Property <input type="checkbox"/> Surety <input type="checkbox"/> Vehicle	<input type="checkbox"/> Title Other (please specify): <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> Accident and Health or Sickness		

This appointment authorizes the PRODUCER to accept service of any notice or process in any action or proceeding brought or pending in the said State upon any cause of action arising in or going out of business transacted in the said State; such authorization to be valid until such time as it shall be revoked by notice in writing filed in the office of the Insurance Commissioner of the said State pursuant to Hawaii Revised Statutes §431:9A-114. ☐ YES ☐ NO

This appointment will be in force until either party terminates the appointment in compliance with Hawaii Revised Statutes §431:9A-115.

_____ Signature of Insurer’s authorized representative	_____ Print name of signer	_____ Date signed
_____ Signature of Producer or agency’s designated representative ¹	_____ Print name of signer	_____ Date signed

¹You can look up this information on our website, <http://www.ehawaii.gov/org/serv/hils>.

Submit two (2) of these forms with original signatures. Incomplete forms will be rejected.

HAWAII INSURANCE DIVISION, ATTN: Licensing Branch, P. O. Box 3614, Honolulu HI 96811-3614
(Express mail only: 250 South King Street – Fifth Floor, Honolulu HI 96813-4586)

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